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SERIAL NUMBER 10/696,691	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. CRD5039	
APPLICANTS Marc Ramer, Weston, FL; ** CONTINUING DATA ***** none gjs ** FOREIGN APPLICATIONS ***** none gjs IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/06/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
ADDRESS 27777					
TITLE Neck covering device for an aneurysm					
FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		